

**TOWN OF NORWOOD
MASSACHUSETTS**

566 WASHINGTON ST., NORWOOD MASSACHUSETTS 02062
PHONE 781-762-1240 FAX 781-278-3000

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Town of Norwood is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

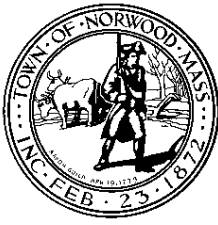
As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Norwood to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Town of Norwood** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Town of Norwood** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Town of Norwood** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



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CORI REQUEST FORM

Position Title and Department

APPLICANT / EMPLOYEE / VOLUNTEER INFORMATION (PLEASE PRINT)

Last Name

First Name

Middle Name

Maiden Name (or other name(s) by which you have been known)

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number: XXX - _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Name

Father's Full Name

Mother's Full Maiden Name

Current and Former Addresses:

Street Number & Name

City/Town

State

Zip Code

Street Number & Name

City/Town

State

Zip Code

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee (Please Print)